

In re Calvin Curtis James,
Andrea Louise Richardson-James

Case No. 11-30097Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. <u>All Accounts</u>			<u>Open Account</u>			
<u>Acct Res Crp</u> <u>700 Goddard Ave</u> <u>Chesterfield, MO 63005</u>	J					<u>150.00</u>
Account No. <u>All Accounts</u>			<u>Open Account</u>			
<u>Ameren IL</u> <u>PO Box 66882</u> <u>Saint Louis, MO 63166-5882</u>	J					<u>1,000.00</u>
Account No. <u>1090</u>			<u>Open Account</u>			
<u>AT&T</u> <u>c/o Gatestone & Co International in</u> <u>1000 N. West St Ste 1200</u> <u>Wilmington, DE 19801-1058</u>	J					<u>435.33</u>
Account No. <u>All Accounts</u>			<u>Open Account</u>			
<u>AT&T Mobility</u> <u>PO Box 650553</u> <u>Dallas, TX 75265-0553</u>	J					<u>1,300.00</u>
<u>3</u> continuation sheets attached			<u>Subtotal</u> (Total of this page)			<u>2,885.33</u>

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community <u>DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.</u>	CONTINGENT	UNLIQUIDATED	DISPUTED	<u>AMOUNT OF CLAIM</u>
Account No. <u>All Accounts</u>		<u>Open Account</u>				
<u>Con Col Mgmt</u> <u>PO Box 1839</u> <u>Maryland Heights, MO 63043</u>	J					<u>281.00</u>
Account No. <u>All Accounts</u>		<u>Open Account</u>				
<u>Credit Control</u> <u>5757 Phantom Drive Ste 330</u> <u>Hazelwood, MO 63042</u>	J					<u>4,645.00</u>
Account No. <u>7270 / All Accounts</u>		<u>Open Account</u>				
<u>Credit One Bank</u> <u>c/o Midland Credit Management</u> <u>8875 Aero Drive</u> <u>Ste 200</u> <u>San Diego, CA 92123</u>	J					<u>751.06</u>
Account No. <u>7270 / All Accounts</u>		<u>Notice Only</u>				
<u>Credit One Bank</u> <u>PO Box 60500</u> <u>City Of Industry, CA 91716-0500</u>	J					<u>0.00</u>
Account No. <u>All Accounts</u>		<u>Open Account</u>				
<u>Dish Network</u> <u>PO Box 9033</u> <u>Littleton, CO 80160</u>	J					<u>1,023.00</u>
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of <u>Creditors Holding Unsecured Nonpriority Claims</u>			<u>Subtotal</u> (Total of this page)			<u>6,700.06</u>

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Debtors
AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community <u>DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.</u>	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. <u>6955 / All Accounts</u>		<u>Medical</u>			
<u>Gateway Regional Medical Center</u> <u>PO Box 503706</u> <u>Saint Louis, MO 63150-0001</u>	J				<u>510.03</u>
Account No. <u>6217 / All Accounts</u>	J	<u>Notice Only</u>			<u>0.00</u>
<u>Granite City Clinic Corp</u> <u>PO Box 11804</u> <u>Belfast, ME 04915-4009</u>		<u>Medical</u>			
Account No. <u>6217 / All Accounts</u>	J	<u>Medical</u>			<u>151.20</u>
<u>Granite City Clinic Corporation</u> <u>c/o Professional Account Services</u> <u>Attn: PCU</u> <u>PO Box 68</u> <u>Brentwood, TN 37024-0068</u>		<u>Medical</u>			
Account No. <u>8774 / All Accounts</u>	J	<u>Medical</u>			<u>392.73</u>
<u>Rotech Healthcare Inc</u> <u>PO Box 3112</u> <u>Southeastern, PA 19398-3112</u>		<u>Medical</u>			
Account No. <u>All Accounts</u>	J	<u>Medical</u>			<u>719.14</u>
<u>St. Louis University Hospital</u> <u>PO Box 741286</u> <u>Atlanta, GA 30374-1286</u>					
Sheet no. <u>2</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			<u>Subtotal</u> (Total of this page)		<u>1,773.10</u>

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Case No. 11-30097

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community					<u>AMOUNT OF CLAIM</u>
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D		
Account No. <u>0001 / All Accounts</u>		<u>Open Account</u>					<u>1,674.01</u>
<u>Verizon Wireless</u> <u>c/o Enhanced Recovery Company</u> <u>PO Box 23870</u> <u>Jacksonville, FL 32241-3870</u>	<u>J</u>						
Account No. <u>2617 / All Accounts</u>		<u>Notice</u>					<u>3,829.54</u>
<u>Washington Mutual Bank /</u> <u>Atlantic Credit & Finance</u> <u>c/o Law Office of John P. Frye</u> <u>PO Box 13665</u> <u>Roanoke, VA 24036-3665</u>	<u>J</u>						
Account No.							
Account No.							
Account No.							
Sheet no. <u>3</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				<u>5,503.55</u>
			Total (Report on Summary of Schedules)				<u>16,862.04</u>

**United States Bankruptcy Court
Southern District of Illinois**

In re	Calvin Curtis James Andrea Louise Richardson-James	Debtor(s)	Case No. 11-30097
			Chapter 7

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.

Date: **June 19 2015**

/s/ Calvin Curtis James
Calvin Curtis James
Signature of Debtor

Date: **June 19 2015**

/s/ Andrea Louise Richardson-James
Andrea Louise Richardson-James
Signature of Debtor

**NOTICE OF ELECTRONIC FILING AND
CERTIFICATE OF SERVICE BY MAIL**

STATE OF ILLINOIS)	CASE NO.: 11-30097
)	SS
CITY OF BELLEVILLE)	Chapter 7

Mary Hicks, being duly sworn, deposes and says:

Deponent is not a party to the action, is over 18 years of age, and resides in Madison County, Illinois.

On June 23, 2015, Deponent electronically filed with the Clerk of the U.S. Bankruptcy Court the Amendment to Schedule F and Verification of Creditor Matrix.

The Deponent served electronically the Amendment to Schedule F and Verification of Creditor Matrix to the following parties:

U.S. Trustee

U.S. Bankruptcy Court

Robert Eggmann

and served by mail to the following parties Listed On Amended Schedule F:

CALVIN JAMES & ANDREA RICHARDSON-JAMES 920 WASHINGTON AVE MADISON, IL 62060	ACCT RES CRP 700 GODDARD AVE CHESTERFIELD, MO 63005
AMEREN IL PO BOX 66882 SAINT LOUIS, MO 63166-5882	AT&T C/O GATESTONE & CO INTERNATIONAL IN 1000 N. WEST ST STE 1200 WILMINGTON, DE 19801-1058
AT&T MOBILITY PO BOX 650553 DALLAS, TX 75265-0553	CON COL MGMT PO BOX 1839 MARYLAND HEIGHTS, MO 63043
CREDIT CONTROL 5757 PHANTOM DRIVE STE 330 HAZELWOOD, MO 63042	CREDIT ONE BANK C/O MIDLAND CREDIT MANAGEMENT 8875 AERO DRIVE STE 200 SAN DIEGO, CA 92123
CREDIT ONE BANK PO BOX 60500 CITY OF INDUSTRY, CA 91716-0500	DISH NETWORK PO BOX 9033 LITTLETON, CO 80160
GATEWAY REGIONAL MEDICAL CENTER PO BOX 503706 SAINT LOUIS, MO 63150-0001	GRANITE CITY CLINIC CORP PO BOX 11804 BELFAST, ME 04915-4009
GRANITE CITY CLINIC CORPORATION C/O PROFESSIONAL ACCOUNT SERVICES ATTN: PCU PO BOX 68 BRENTWOOD, TN 37024-0068	ROTECH HEALTHCARE INC PO BOX 3112 SOUTHEASTERN, PA 19398-3112
ST. LOUIS UNIVERSITY HOSPITAL PO BOX 741286 ATLANTA, GA 30374-1286	VERIZON WIRELESS C/O ENHANCED RECOVERY COMPANY PO BOX 23870 JACKSONVILLE, FL 32241-3870
WASHINGTON MUTUAL BANK /	

ATLANTIC CREDIT & FINANCE C/O LAW OFFICE OF JOHN P. FRYE PO BOX 13665 ROANOKE, VA 24036-3665	
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by depositing a true copy of same, enclosed in a postage paid properly addressed wrapper, in a Belleville City Branch, official depository under the exclusive care and custody of the United States Postal Service, within the State of Illinois.

By: /s/ Mary Hicks